



Report to the Legislature

Services to Persons with Disabilities who are Residents of Residential Habilitation Centers (RHC) who are Able to be Cared for and Choose to Live in Community Settings, Persons with Disabilities who are Without Residential Services and at Immediate Risk of Institutionalization, or are Children Aging Out of Other State Services, or are Community Based Waiver Clients Assessed as Having Immediate Need for Increased Services

Chapter 518, Laws of 2005, Section 205(1)(c) Uncodified

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EXECUTIVE SUMMARY

Chapter 518, Laws of 2005, Section 205(1) (c) requires the Department of Social and Health Services' Division of Developmental Disabilities (DDD) to report, within 45 days following each fiscal quarter, the number of persons moving into community settings through this section and the actual expenditures for all community services to support those residents. This proviso is intended to provide community residential and support services for a minimum of 39 clients including: 1) residents of Residential Habilitation Centers (RHC) who are able to be adequately cared for in community settings and who choose to live in those community settings; 2) clients without residential services who are in crisis or immediate risk of needing an institutional placement; 3) children who are aging out of other state services; and 4) current home and community-based waiver program clients who have been assessed as having an immediate need for residential services or increased support services.

BACKGROUND

Residents of RHCs who are able to be adequately cared for in community settings and who choose to live in those community settings: Through a process adopted by DDD to implement Olmstead during the 2001-2003 biennium and carried forward in the 2005-2007 biennium, each individual living in an RHC, their guardian or close relative(s) will be asked annually whether they want to move to the community. If a person wants to move, the division will facilitate the move.

Clients without residential services who are in crisis or immediate risk of needing an institutional placement: Providing community services options to divert the need for institutionalization for persons with developmental disabilities is a long-term state and national trend. A number of DDD clients who are eligible for, and have the right to services in an ICF/MR experience a crisis due to the loss of, or lack of needed supports that places their health and safety at risk. This may occur when they lose a caregiver such as an elderly parent or a contracted community provider is no longer able to meet their significant support needs. These persons are at risk of institutionalization without sufficient community supports to meet their health and safety needs.

Children who are aging out of other state services: Children age out of DSHS Children's Administration (CA) services between the ages of 18 and 21. Children age out of DSHS Juvenile Rehabilitation Administration (JRA) services at age 18. Funding for their services through CA and JRA is specific to child serving administrations and dependent on these federal funding sources. The funds cannot accompany the child into DDD adult services.

Children enter CA services due to abuse and/or neglect in their family home and therefore are not able to be supported by their family. A number of the youth with developmental disabilities aging out of CA have medical or behavioral issues which cannot be adequately supported in Adult Family Homes, Adult Residential Care facilities or with Medicaid Personal Care. These youth require a more intensive level of support such as the DDD Supported Living Program.

Children enter JRA services due to criminal charges. A number of the youth with developmental disabilities aging out of JRA services have community protection issues including sexual offenses or violent crimes. They require 24-hour close supervision in order to maximize community safety. Families generally are not able to provide this level of support. They cannot reside in Adult Family Homes or Adult Residential Care facilities due to the risk they would present for other residents. These youth require supports at the level of a DDD 24-hour Community Protection program.

Current waiver clients who have been assessed as having an immediate need for residential services or increased support services: A review of DDD's Cap waiver was conducted by the Center for Medicare Medicaid Services (CMS) July 2001 – January 2002. The CMS report from this review states in Recommendation #4: "Remove all provisions from existing laws, regulations, policies and procedures that support or encourage denying CAP waiver clients access to needed waiver services due to funding limitations. At the same time, laws and policies should be implemented recognizing the need to fully fund the waiver services CAP participants are assessed to need." In discussions that were held about Washington's applications for the current four new DDD Home and Community Based Waivers, federal officials in Baltimore separately asked for assurance that Washington will meet waiver participant needs. As the CMS required yearly Plans of Care are completed for waiver participants, clients are assessed as having unmet health and safety needs. It is imperative services be authorized in order to not jeopardize continued federal funding (FFP) for Washington State under the current four DDD HCBS waivers.

STATUS

The Division of Developmental Disabilities has placed four (4) clients during the first quarter July through September 2005 with an average daily rate of \$274.17 (See attached spreadsheet).

Following is a description of the needs of one (1) individual who meets the criteria of "clients without residential services who are in crisis or immediate risk of needing an institutional placement" and one (1) individual who meets the criteria of "current waiver clients who have been assessed as having an immediate need for residential services or increased support services" and two (2) individuals served who meet the criteria of "children who are aging out of other state services". These client descriptions are provided to offer information about this particular population.

Clients without residential services who are in crisis or immediate risk of needing an institutional placement:

Client # 4 is a 57 year-old female diagnosed with Mild MR and Major Depressive Disorder with Psychosis. Client # 4 has a history of severe mood swings, suicide attempts, and manic episodes with severe lability and was supported unsuccessfully in the past in an Adult Family Home and a Group Home. Client #4 has a history of multiple community psychiatric hospitalizations, and on her most recent discharge in February 2005, she immediately eloped from her group home. She was found 4 miles away and was admitted to a DDD funded crisis mental health diversion bed where she again eloped and was again involuntarily detained to a local hospital. Now that the client is stable enough to be discharged back to the community, funds from this proviso are used to provide supported living services that include close supervision and monitoring.

Current waiver clients who have been assessed as having an immediate need for residential services or increased support services:

Client # 1 is a 19 year-old female diagnosed with severe MR, Cerebral Palsy, and Asthma. Client #1 was the victim of substantiated abuse followed by numerous moves to several different family members' homes within the past 6 months. The family members with whom she had been residing until August 2005 were no longer able to care for her and she was at risk of being homeless. Funds from this proviso are used to provide residential services and supports to client #1. Because she is still in school, client # 1 will not need funds for a day/employment program.

Children who are aging out of other state services:

Client # 2 is an 18 year-old male with a diagnosis of Mild MR, Reactive Attachment Disorder, and Adjustment Disorder with Depressed Mood who was terminated from specialized foster home care due to allegations against the foster home, not involving him. According to records, client # 2's mother had

multiple drug and mental health problems and as a result, client # 2 went to live with his grandmother at age 3, where he was sexually abused by his step-grandfather. Client # 2 lived in multiple foster care homes having frequent placement disruptions due to physical violence, drug use and sexual misconduct. Funds from this proviso are used to support client # 2 in a Supported Living program. Because of his sexual misconduct, client #2 will be supported by a Certified Community Protection Program where he will receive residential services and supports, as well as specialized therapies from a licensed Sex Offender Treatment Professional (SOTP).

Client # 3 is an 18 year-old male with a diagnosis of Moderate MR, Post Traumatic Stress Disorder, Oppositional Defiant Disorder, Paraphilia, and Impulse Control Disorder. According to records, client # 3's sister reported that client # 3 had been sexually abusing her for several years. In addition, there were reports that client # 3's mother had abused him by holding his head under water, placing duct tape around his hands, and tying his hands behind his back. The parental rights of client # 3's mother were terminated in November 2000. Client # 3 had recently experienced a DCFS placement disruption and was without residential services due to aggression, exposing himself to others, verbalizing sexual fantasies, and stealing. Funds from this proviso were used to provide Community Protection Program Supported Living Services. In addition to residential services and supports, client # 3 will receive specialized therapies with an SOTP.